**Is Employee Exempt from Overtime Payments?**

| | | | |
|---|---|---|---|
| X | Yes (**should not** be paid overtime wages) | ○ | No (**should** be paid overtime wages) |

# ARIS Solutions Time Sheet

**EMPLOYEE NAME:** John Doe **LAST FOUR DIGITS OF SS #** 1234

**CONSUMER'S NAME:** Jane Smith **AGENCY:** Pride TBI

Was the Consumer admitted to a hospital or nursing home during any of these dates? Yes___ No___

If **YES**, indicate the dates the Consumer was **admitted to and discharged from** the hospital or nursing home_____

**MOST SERVICES CANNOT BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME**

**Program Consumer Receives Supports from:**

| | | | | | |
|---|---|---|---|---|---|
| ○ | Adult Family Care-Respite | ○ | CFC—Flex Choices | ○ | Family Managed Respite/IFS-R |
| ○ | Children's Personal Care Services (CPCS) | ○ | CFC—Moderate Needs | ○ | Attendant Services—GF<br>Attendant Services—PDAC |
| ○ | Choices for Care (CFC) | ○ | Developmental Services (DS Waiver) | X | Traumatic Brain Injury (TBI) |

Please Enter Pay Period Date Range: 4/9/17-4/22/17

| Date | Start Time | AM | PM | End Time | AM | PM | Pay Rate | Service Code (See Back for Codes) | # of Hours Worked |
|---|---|---|---|---|---|---|---|---|---|
| 4/9/17 | 8:00 | X | ○ | 5:30 | ○ | X | 10.00 | TBI | 8.5 |
| 4/10/17 | 8:00 | X | ○ | 5:30 | ○ | X | 10.00 | TBI | 8.5 |
| 4/15/17 | 8:00 | X | ○ | 5:30 | ○ | X | 10.00 | TBI | 8.5 |
| 4/20/17 | 8:00 | X | ○ | 8:00 | X | ○ | 160.00 | TBI | 24 |
| | | | | | | | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| | | ○ | ○ | | ○ | ○ | | | |
| Total Hours Worked for Current Pay Period | | | | | | | | | |

*We (below) certify that the information provided on this form is true, accurate and complete.*

**EMPLOYEE SIGNATURE** John Doe **DATE** 4/23/17

**PRINT EMPLOYER NAME** John Z. Smith **DATE** 4/23/17

**EMPLOYER SIGNATURE** John Z. Smith **EMAIL/PHONE** jzsmith@gmail.com

Time sheets received by ARIS Solutions after the due dates on the **Time Sheet Schedule** will be processed for the next regularly scheduled program pay date.

**Mail timesheets to: ARIS SOLUTIONS**
**PO BOX 4409**
**WHITE RIVER JUNCTION, VT 05001**
**Secure Fax:** 1-888-604-0361 **Secure Email:** aristime@arissolutions.org